MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.　　　FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND	DEP.
1														
2							51							
3							52							
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44							93							
45							94							
46							95							
47							96							
48							97							
49							98							
50							99							
							100							
TOTAL IND.							TOTAL IND.	5						
TOTAL DEP.							TOTAL DEP.	26						
TOTAL CLAIMS							TOTAL CLAIMS	31						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS　U.S. DEPARTMENT of COMMERCE